Physicians Should Read Doctor Steele's Reports on the Santa Barbara Cases.—Attention is called to an article by Doctor Meyer printed on page 260, in which the incidence of psittacosis among wild birds of the psittacine family in Australia is discussed; and we conclude our own comments by calling attention to a memorandum received from Doctor Meyer, and which we have appended in the nature of a discussion to the paper sent in by Doctor Steele—wherein it will be noted that Doctor Meyer declares his belief, that "the importation of Central American Amazon parrots into California should be prohibited."

It is to be hoped that members of the California Medical Association will avail themselves of the opportunity to read the case reports submitted by Doctor Steele, because psittacosis is a disease that may be easily confused with other conditions, and the symptoms and signs should be known by all physicians, so that when sporadic instances of the disease do occur, they can be recognized.

AMBULANCE CHASING

"Ambulance Chasing": An Unethical Conduct in Legal and Medical Professions.—An example of "ambulance chasing" which, in some communities is an evil that has grown with all the vigor of rank weeds, is afforded when an unethical attorney and a code-violating physician, having mutual understanding to secure professional work for themselves, directly or indirectly approach citizens who have met with accidents. As "cappers" or "steerers," the two professional representatives often aid and abet one another in their efforts, and encourage the accident victims to file suits for damages, on the ground of real or exaggerated disabilities.

It is interesting to note that the organized legal profession of California recognizes the menace to the ethics of the profession of law that comes into play when "ambulance chasers" are operating, and that recently steps have been taken to investigate and penalize members of its profession who are guilty of such practice.

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Action of the California State Bar Association.—The following article, from the Los Angeles *Herald-Express* of September 5, sheds further light upon what is being done by the California State Bar Association. The action of the State Bar Association has the approval of organized medicine, as represented by the California Medical Association and its component county society units:

CALIFORNIA BAR WARS ON "AMBULANCE CHASERS"

A state-wide "clean-up" of the ranks of attorneys was under way today, under the leadership of the State Bar Association, and following the admonition given to lawyers at the recent convention here of the American Bar Association to "clean their own house."

First result was the arrest of an alleged "ambulance chaser," and it was indicated that elimination of ambulance chasing would be the first objective of the drive.

Ambulance chasing is the practice of soliciting lawsuits from victims of accidents.

Investigators for the State Bar Association will speed to the scene of every accident, it was reported, to catch the ambulance chasers in the act of soliciting business. When this is impractical, the investigators will interview accident victims to see if they have been solicited by ambulance chasers on behalf of lawyer-employers, and in such cases will endeavor to prosecute.

Attorney Philbrick McCoy is handling the campaign for the Bar Association, and coöperation is being extended by the city prosecutor's office through Prosecutor Newton Kendall and Deputies J. W. Joos and John Concannon.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 301.

EDITORIAL COMMENT†

CORTIN IN GLAUCOMA

In the July 19, 1935 issue of *Science*,[1] an article appeared from the pen of E. M. Josephson, M. D., of New York City in which he described the successful treatment of chronic simple glaucoma with cortin, an extract from the cortex of the suprarenal gland. A résumé of this article appeared shortly afterward in *Time*, and I believe there has been some mention of the article in the newspapers. I presume all oculists who saw any of these articles shared my mingled feelings of interest and skepticism. I immediately wrote to Doctor Josephson for more details about the treatment, and while I did not receive a personal reply, I did receive a one-page reprint from the *Eye, Ear, Nose and Throat Monthly* of January, 1935, in which he described the successful treatment of one case of chronic simple glaucoma with the substance. No details of the method of administration or dosage were given.

At about the time the articles in the lay press appeared, I had under my care an Italian woman of thirty-five, who had been referred to me by Dr. Sterling Bunnell. She had had a severe tonsillitis and sinusitis, which were followed by a bilateral iritis complicated by secondary glaucoma.

Examination of the nose and throat by Dr. Harold Fletcher revealed hypertrophied and inflamed tonsils. Both antra contained pus, but the other nasal accessory sinuses were apparently not much involved or had cleared up. Repeated lavage of the antra did little to relieve the eye condition. One pupil had previously been dilated with atropin; the other had not. The intraocular tension in both eyes varied between 50 and 60 on the Mc-

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentations should be over five hundred words in length.

1 *Science*, vol. 82, p. 62.

Lean tenometer. The irides were violently inflamed; the anterior chambers were full of floating cells and a fibrinous exudate. A deep keratitis began at one side of the right cornea and had gradually extended into part of the pupillary area. The vision in both eyes was limited to the perception of hand movements at a distance of a few feet. The general physical examination, the urine and blood Wassermann were negative. The blood count was not remarkable.

The youth of the patient, the presence of the recent violent inflammatory reaction in the immediate neighborhood of the eyes, and close contact with an extensive case of impetigo in the same family, made me very hesitant to undertake any operative procedure.

One dose of suprarenin bitartrate was administered to both eyes. This resulted in the elevation of the intraocular tension in both eyes and a fairly wide dilatation of both pupils, and in greatly increasing the discomfort and apprehension of the patient. The day after the administration of the suprarenin bitartrate, Doctor Josephson's reprint arrived. I found that the substance was available under the name of Eschatin (Parke, Davis & Company); and after a consultation with Dr. Chauncey Leake, professor of pharmacology at the University of California, and Dr. Garnet Cheney, who had used the substance extensively in the treatment of Addison's disease, I decided to use it intravenously. One cubic centimeter was administered intravenously on August 28, 1935. Immediately before administration the tension was 60 in the right eye and 55 in the left by the McLean tenometer. Before the needle was withdrawn from the vein, the patient sat up and remarked that she saw better. I ascribed this to the Italian temperament; but in thirty-five minutes I again took the tension with the tenometer and could hardly believe my eyes when both eyes registered 45, McLean. The substance has been administered intravenously in doses of 1 cubic centimeter daily since, each time with a marked drop in the tension and a corresponding improvement in vision.

As soon as it was considered safe, her hypertrophied, infected tonsils were removed, and she has since shown slow but steady improvement. The cortin has tided her over the acute stage and saved her eyes from surgical operation, which at best is not very satisfactory in this type of case.

This experience leads me to believe that cortin has a very definite place in the treatment of glaucoma. It is, of course, probable that the more frequent administration would be advantageous. It would be interesting to investigate the possibility that the occasional beneficial effect of epinephrin in glaucoma may be due to an admixture of cortin, and to determine if instillation in the conjunctival sac is effective.

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NARCOSIS AND OXIDATIVE MECHANISMS OF THE BRAIN

In 1930 V. E. Henderson suggested, in *Physiological Reviews,* that the evidence then at hand was inadequate to support any theory linking narcosis with inhibition of normal oxidative processes in the brain. Despite the abundant and painstaking subsequent biochemical work by Holmes, Bülow, Ashford, Dixon, Peters, Rydin, Quastel and Wheatley, and others in England, and Wortis, Fenn, Gross and Pierce and others in this country, the ultimate solution of this pharmacologic problem has not been greatly clarified.

The case for a direct relation of narcosis and brain oxidations is based on this triad: (*a*) *certain* narcotic agents, as the barbiturates,[1] act on isolated surviving brain tissue to inhibit the oxidative enzyme system dealing with glucose, lactic and pyruvic acids in about the same concentration as is presumably present in very deep narcosis; also, after deep chloroform anesthesia,[1] but not morphin narcosis,[2] the surviving brain from animals so treated shows a perceptible decrease of respiration; (*b*) in a homologous series of narcotics, again taking the barbiturates as the best example, the degree of inhibition of oxygen consumption of surviving brain varies directly with the narcotic potency; and (*c*) the success of treating chronic depressive states in the insane by means of long-continued narcosis.

Failure to explain other experimental findings, however, detracts seriously from the acceptability of any theory relating brain oxidative rates and narcosis. These may be summarized as: (*a*) concentrations of drugs active on the carbohydrate oxidation system *in vitro* are in many cases far beyond those producing narcosis in the intact animal; (*b*) satisfactory evidence of segregation of drug in the brain *in vivo,*[3] or of enhanced susceptibility of anatomically discrete centers to inhibition of glucose metabolism has been lacking, although it is imperative that such a condition exist if the lack of activity of narcotics on whole minced-brain tissue is to be reconciled with their narcotic activity through depressing oxygen consumption; (*c*) active agents of types other than narcotics produce reversible changes in the oxidative rate of surviving brain tissue closely resembling[4] those brought about by narcotics even though of the amins so acting,[4] phenylethylamin and others may function in the lightly narcotized intact animal as cerebral excitants; (*d*) observations made on inhibitions of extra uptake of oxygen by treated autoxidized brain to which glucose is added may pertinently be objected to, since the oxidative processes in brain tissue have been shown through use of the catatorulin[5] effect

1 Quastel, J. H., and Wheatley, A. H. M.: Proc. Royal Soc., B, 112, 1932.

2 Gross, E. G., and Pierce, I. H.: Jour. Pharmacol. Exper. Therap., 53,156, 1935.

3 Koppanyi, T., and Dille, J. M.: Jour. Pharmacol. Exper. Therap., 54:84, 1935.

4 Quastel, J. H., and Wheatley, A. H. M.: Biochem. J., 27:1609, 1933; 28:1521, 1934.

5 Peters, R. A., Rydin, H., and Thompson, R. H. S.: Biochem. J., 29:53, 1935.